LETTERS

HURRICANE KATRINA: A SOCIAL AND PUBLIC HEALTH DISASTER

Sometimes it takes a natural disaster to reveal a social disaster.

Jim Wallis, executive director of Sojourners, a Christian ministry, as quoted by *The Washington Post*[1]

Hurricane Katrina made it evident that natural disasters occur in the same social, historical, and political environment in which disparities in health already exist. The hurricane was only the disaster agent; what created the magnitude of the disaster was the underlying vulnerability of the affected communities. In New Orleans, where 69% of the population is African American and 23% live below the poverty line, thousands of African Americans were stranded after the evacuation order. The risks from the heat, floodwaters, and other factors, combined with existing social disparities in health, contributed to an exacerbation of chronic health conditions, and distrust of government agencies.[2]

Katrina highlighted a population already left behind by government, civic, and corporate leadership. A *Washington Post*/Kaiser Family Foundation/Harvard University poll of 680 evacuees, 93% of whom were African American, found that 68% believed the response would have been quicker for White and wealthier people. Furthermore, 61% said that the government does not care about people like them.[3] These communities experienced social disparities in health[4] before Katrina; their health status was linked to the quagmire of poverty, poor housing, lack of economic opportunities, and discrimination in which they lived.

The challenges before the nation are staggering. It is not enough to rebuild the physical infrastructure of New Orleans and other hard-hit, poor Gulf Coast communities. Katrina exposed a broader social, political, and economic system that does not work for the poor. In 2004, the Working Group on "Governance Dilemmas" in Bioterrorism Response called our attention to this dilemma: "Conditions that confound social trust involve preconceptions about the government, the public or the media, social and economic fault lines that are exacerbated by disease or the dread of it."[5(p30)] They went on to say, "Each official action primes conditions for future public expectations and reactions."[5(p35)]

We know from studies of the 2001 anthrax attack[6,7] and survey data on preparedness[8] that distrust of the government by racial and ethnic minority groups is a critical concern in the context of terrorism, when adherence to government directives may be essential to protect the health of Americans. It is imperative that we engage with the affected poor and minority communities to begin a healing process now. We cannot wait until the next disaster, natural or manmade, to develop partnerships to organize the recovery and to include community members and organizations in developing preparedness plans that can protect the poor and vulnerable. Rebuilding necessitates a true public health approach that works with communities to create new capacity to actively engage in the promotion of their own well-being.

Public health must take a leadership role in the recovery from Hurricane Katrina so that the natural disaster does not balloon into a force that further extends social disparities in health. If we do not use this moment to address the underlying vulnerabilities of poor and minority communities, we will only perpetuate the social determinants that manifest themselves in health disparities and human suffering. ■

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